PTO/SB/01 (12-97)

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PEOLABATION FOR UTILITY OR	Attorney Docket Numb r	SSP-30492(1) Flathau, Robert J.		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor			
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number			
■ Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Filing Date			
	Group Art Unit			
	Examiner Name			

		·						
As a below named inventor, I hereby declare that:								
My residence, post office add	My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Outside Conversion Corner for Form Work								
the specification of which  is attached hereto  OR	(Title	e of the Invention)						
was filed on (MM/DD/	YYYY)	as Unite	d States Applica	tion Number or PC	T International			
Application Number	and w	as amended on (MM/DD/Y	m) [		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Certified Not Claimed YES		opy Attached? NO			
		·						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)         Filing Date           60/166,959         11/23/1999		(MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet					
				B/02B attached				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLA	RATIO	<u>N –</u>	— Utility	or [	Desigr	<u>Pater</u>	nt Ap	plication	on
Thereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
U.S. Parent Application or PCT Parent Number				Parent Filing Date Pa (MM/DD/YYYY)				rent Patent Number (if applicable)	
						· •			
Additional U.S. or									
As a named inventor, I is and Trademark Office of	nereby appoint the connected therew	ne followith:	Customer Number OR	<b>≠</b> [022]	202		<b></b> →	Place Cus Number Ba	tomer r Code
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Na m			Numb	er		Walli	<u> </u>	·	om ber
Additional registere	d practitioner(s) r	namedo	on supplemental R	egistered	Practitioner l	nformation shee	aPTO/SB/0	2C attached her	eto.
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or F	irst Invento	r:			☐ A petiti	on has been f	iled for this	unsigned inve	entor
Given Name (first and middle_ [if any])			Family	Family Name or Sumame					
Robert J.			101	1/	Flathau				
Inventor's Signature	Ka	leu	t MTX	all	su	2		Date	11/22/2000
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City	Antioch	State	IL	ZIP	60002	<u> </u>	Country	US	

Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto